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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |   | Application or Docket Number<br><b>10/709,173</b> | Filing Date<br><b>04/19/2004</b> | <input type="checkbox"/> To be Mailed        |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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vertical-align: top;"></td> </tr> <tr> <td colspan="4" style="text-align: left; padding-top: 5px;">* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</td> <td style="text-align: center; padding-top: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="text-align: center; padding-top: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td colspan="2" style="text-align: center; padding-top: 5px;">Legal Instrument Examiner:<br/>/ROSA HOLLAND/</td> </tr> <tr> <td colspan="7" style="text-align: left; padding-top: 5px;">** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</td> </tr> <tr> <td colspan="7" style="text-align: left; padding-top: 5px;">*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</td> </tr> <tr> <td colspan="7" style="text-align: left; padding-top: 5px;">The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</td> </tr> </tbody> </table> |    |   |        |        |           |                              | APPLICATION AS AMENDED – PART II |       |     | OTHER THAN<br>SMALL ENTITY |        |        |           | (Column 1)   | (Column 2) | (Column 3) | SMALL ENTITY |  | OTHER THAN<br>SMALL ENTITY |  | AMENDMENT | 01/16/2009   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$)  | AMENDMENT | Total (37 CFR 1.16(i)) | * 37 | Minus                 | ** 42                 | = 0  | X \$26 = | 0   | OR X \$ = | AMENDMENT | Independent (37 CFR 1.16(h)) | * 3 | Minus | ***4 | = 0  | X \$110 = | 0 | OR X \$ = | AMENDMENT | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |   |  |  |  |  | AMENDMENT | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  | (Column 1) |  |  |  | (Column 2) | (Column 3) | TOTAL<br>ADD'L<br>FEE | TOTAL<br>ADD'L<br>FEE | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | AMENDMENT | Total (37 CFR 1.16(i)) | * | Minus | ** | = | X \$ = | X \$ = | AMENDMENT | Independent (37 CFR 1.16(h)) | * | Minus | *** | = | X \$ = | X \$ = | AMENDMENT | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  | AMENDMENT | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |  | TOTAL<br>ADD'L<br>FEE | TOTAL<br>ADD'L<br>FEE | Legal Instrument Examiner:<br>/ROSA HOLLAND/ |  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". |  |  |  |  |  |  | *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |  |  |  |  |  |  | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |  |  |  |  |
| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input checked="" type="checkbox"/> OR |   | OTHER THAN<br>SMALL ENTITY                        |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA  | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)                                     |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A   | N/A   |   | N/A                              |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A   | N/A   |   | N/A                              |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A   | N/A   |   | N/A                              |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   | X \$ =                                      |   | X \$ =                           |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   | X \$ =                                      |   | X \$ =                           |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |   |   |   | TOTAL   | TOTAL                            |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
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| APPLICATION AS AMENDED – PART II  |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | (Column 3)  | SMALL ENTITY                                |   | OTHER THAN<br>SMALL ENTITY       |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | 01/16/2009  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                                  | RATE (\$)                        | ADDITIONAL<br>FEE (\$)                       | RATE (\$)                        | ADDITIONAL<br>FEE (\$) |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | Total (37 CFR 1.16(i))  | * 37  | Minus                                       | ** 42   | = 0                              | X \$26 =                                     | 0                                | OR X \$ =              |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | Independent (37 CFR 1.16(h))  | * 3   | Minus                                       | ***4  | = 0                              | X \$110 =                                    | 0                                | OR X \$ =              |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| (Column 1)  |   |   |   | (Column 2)  | (Column 3)                       | TOTAL<br>ADD'L<br>FEE                        | TOTAL<br>ADD'L<br>FEE            |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR         | PRESENT<br>EXTRA                            | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                                    | ADDITIONAL<br>FEE (\$)           |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | Total (37 CFR 1.16(i))  | *   | Minus                                       | **  | =                                | X \$ =                                       | X \$ =                           |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***   | =                                | X \$ =                                       | X \$ =                           |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| AMENDMENT   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |   |   | TOTAL<br>ADD'L<br>FEE                             | TOTAL<br>ADD'L<br>FEE            | Legal Instrument Examiner:<br>/ROSA HOLLAND/ |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".   |   |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  |   |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |   |   |   |                                  |  |                                  |                        |  |                            |  |  |  |            |            |   |              |                            |                            |     |              |              |   |   |                  |           |   |           |                        |           |                        |      |       |  |     |          |     |           |           |                              |   |       |      |     |           |     |           |                                  |  |   |        |  |        |  |  |           |  |        |  |        |  |   |   |            |  |  |  |            |  |                       |                       |           |   |   |                  |   |                        |           |                        |           |                        |   |  |    |   |        |        |           |                              |                                  |       |     |                            |        |        |           |  |            |            |              |  |                            |  |           |  |   |   |                  |           |                        |           |   |           |                        |      |                       |                       |  |          |   |           |           |                              |     |       |      |  |           |   |           |           |  |  |   |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |            |            |                       |                       |           |   |   |                  |           |                        |           |                        |           |                        |   |       |    |   |        |        |           |                              |   |       |     |   |        |        |           |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |   |  |  |  |                       |                       |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |

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